

**DEMONSTRATION OF QUALIFICATIONS OF A
PERSON EMPLOYED IN FORENSIC ALCOHOL ANALYSIS**
(Important: Read Privacy Notification on reverse side)

*FOR OFFICIAL USE
ONLY*
Approved by:

Date:

Activities related to this application are regulated by Title 17, Sections 1215 through 1222.2 of the California Code of Regulations and, in particular, Section 1216.1. The questions below relate directly to those regulations. They must be answered completely and the answers must demonstrate compliance with the regulations. Use attachment, if needed. Type or print in ink. Incomplete or incorrectly completed from will be returned.

Name of Nominee	Name of Laboratory
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Nomination for: ☐ Forensic Alcohol Supervisor ☐ Forensic Alcohol Analyst ☐ Forensic Alcohol Analyst Trainee

A. QUALIFICATIONS DEMONSTRATION FOR FORENSIC ALCOHOL SUPERVISOR*

1. Do you possess a baccalaureate or higher degree or an equivalent in chemistry, biochemistry or other appropriate discipline? ☐ Yes ☐ No

COLLEGE OR UNIVERSITY	MAJOR	TOTAL HOURS Chem. Or Biochem.	DEGREE	DATE COMPLETED
		Sem. Qtr.		
		Sem. Qtr.		

2. Do you have two years of experience in performing forensic alcohol analysis? ☐ Yes ☐ No

Does your experience include interpretation and correlation of alcohol analyses with subjective observations of the demeanor and behavior of persons who have ingested known amounts of ethyl alcohol? ☐ Yes ☐ No

If "No", have you successfully completed a training course approved by the Department? ☐ Yes ☐ No

Name the institution that presented the course: _____ Date of Completion: _____.

FROM Mo. Yr.	TO Mo. Yr.	TOTAL Yr. Mo.	JOB TITLES AND MOST IMPORTANT DUTIES PERFORMED List each position separately; indicate Full Time or Part Time	EMPLOYERS Names, Address, and References

B. QUALIFICATIONS DEMONSTRATION FOR FORENSIC ALCOHOL ANALYST OR FORENSIC ALCOHOL ANALYST TRAINEE*

1. Have you successfully completed at least 60 semester hours, or 90 quarter hours of college level courses, including 8 semester hours (12 quarter hours) of general chemistry and 3 semester hours (4 ½ quarter hours) of quantitative analysis? ☐ Yes ☐ No

COLLEGE OR UNIVERSITY	HOURS GENERAL CHEMISTRY	HOURS QUANT ANALYSIS	TOTAL COLLEGE HOURS COMPLETED	DATE COMPLETED
	Sem. Qtr.	Sem. Qtr.	Sem. Qtr.	
	Sem. Qtr.	Sem. Qtr.	Sem. Qtr.	

2. Have you successfully completed a training period in alcohol analysis on forensic or clinical specimens in the employing Forensic Alcohol Laboratory during which time you performed a minimum of 25 analyses of alcohol concentration blood samples, including at least 13 samples containing alcohol? ☐ Yes ☐ No

FROM Mo. Yr.	TO Mo. Yr.	TOTAL Yr. Mo.	JOB TITLES & MOST IMPORTANT DUTIES List each position separately; indicate Full-Time or Part -Time	EMPLOYERS Names, Address & References	No. of Blood Alcohol Analyses	No. Which Contained Alcohol

Nominee's signature _____ Date _____

**In the case when a person is judged by the Department as meeting the qualifications for a Forensic Alcohol Supervisor or Forensic Alcohol Analyst, but has not yet passed the required proficiency test and written examination, this person can also be nominated for qualification as a Forensic Alcohol Analyst Trainee in the interim.*

THIS NOMINATION MUST BE CERTIFIED BY A COMPLETED REPORT OF CHANGE FORM.
See note on reverse side

PRIVACY NOTIFICATION

*The Information Practices Act of 1977 requires that the following information be provided
when a form is used to obtain information from individuals.*

Division: Food, Drug and Radiation Safety	Section: Abused Substances Analysis Section	
Type of Official Responsible for the Record: Chief, Food and Drug Laboratory Branch	Address: 850 Marina Bay Parkway, G365 Richmond, CA 94804-6403	Telephone: (510) 412-6220

Authority for Maintaining the Requested Information:

California Code of Regulations, Title 17, Sections 1215 through 1222.2

Submission of the Requested Information Is Mandatory, Except as Follows:

No exceptions

Consequences of Not Providing All or Any Part of the Requested Information:

Failure to provide any part of the information requested regarding the candidate's qualifications will preclude the Department from being able to judge whether the candidate meets the qualifications set forth in the regulations for the classification for which he or she is nominated, and will require the Department to return the Page B qualifications form for completion.

Principal Purpose(s) for Which the Information Is to Be Used:

Each of the items of information requested for a person seeking to qualify as a Forensic Alcohol Supervisor, a Forensic Alcohol Analyst, or a Forensic Alcohol Analyst Trainee, is necessary to enable the Department of Health Services to make a judgment whether the candidate meets the educational, experience, and training qualifications as set forth in the regulations for that classification for which the candidate is nominated.

Interagency or Intergovernmental Transfers Which May Be Made of This Information:

None

*Each individual has the right to review personal information maintained on him/her by the agency,
Unless exempted under Article 8 of the Information Practices Act.*

NOTE:

A person who prior to January 1, 1971, qualified as director of a clinical laboratory operating under the provisions of the California Business and Professions Code, or a person who, for a period of one year prior to January 1, 1971, has been employed in the activities of forensic alcohol supervisor, meets the education and training qualifications for forensic alcohol supervisor.

A person who prior to January 1, 1971, was a clinical laboratory technologist licensed under the provisions of the California Business and Professions Code, or a person who, for a period of one year prior to January 1, 1971, has been employed in the activities of a forensic alcohol analyst, meets the education and training qualifications for forensic alcohol analyst.

If either of the above applies to you, attach a statement giving the relevant experience and/or license number.